

**City of Charleston Department of Recreation  
SCHOLARSHIP APPLICATION**

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Extension \_\_\_\_\_

**Qualifying Information**

You must turn in verification stating that the applicant qualifies for free or reduced lunch when you turn in this application for scholarship.

Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_ Number of Dependent Children \_\_\_\_\_

Total Family Members in Household \_\_\_\_\_

Annual household income includes all income of all household members: wages, salary, social security, public assistance, child care assistance, unemployment insurance, child/spouse support, pension/retirement and all other sources of income. **You must attach verification of all financial information.**

Monthly Rent/Mortgage \$ \_\_\_\_\_

Type of Assistance \_\_\_\_\_ Amount \_\_\_\_\_

Type of Assistance \_\_\_\_\_ Amount \_\_\_\_\_

Type of Assistance \_\_\_\_\_ Amount \_\_\_\_\_

Name of Participant \_\_\_\_\_ DOB \_\_\_\_\_

Program Requested 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

School child attends \_\_\_\_\_ School Address \_\_\_\_\_ School Phone # \_\_\_\_\_

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of a scholarship and that the City of Charleston may verify the information on the application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application and financial verification to:

City of Charleston  
Department of Recreation  
823 Meeting Street  
Charleston, SC 29403



## SCHOLARSHIP INFORMATION

The City of Charleston Department of Recreation offers recreational scholarships based on financial need for many of our programs. ***Applicants must complete an official scholarship application form*** at least one month prior to the registration deadline for the program they wish to attend. The Department of Recreation will scholarship up to 5% of the participants who qualify per program.

**QUALIFICATIONS:** Children 18 and under who meet all requirements for the program they wish to attend and who qualify for the Federal Free Lunch program and/or the Department of Health and Human Services Poverty Guidelines. ***Only City of Charleston residents are eligible to apply for scholarships.***

**APPLICATIONS:** Forms are available from the Department of Recreation's main office at 823 Meeting Street as well as our community centers. Applications must include verification of the child's free or reduced lunch status. Children who are not yet in school may provide a letter from the local DSS office verifying their approval for AFDC.

**FINANCIAL VERIFICATION NEEDED:** All applications must include **all of the applicable financial verification** to be considered. Applications that do not have accompanying paperwork that verifies employment status, income, number of dependents, free or reduced lunch participation, and all types of assistance will not be considered.

\_\_\_\_ \* Copy of current employment pay stub

\_\_\_\_ \* Copy of Current Drivers License or ID

\_\_\_\_ \*Copy of current unemployment paperwork

\_\_\_\_ \*Copy of tax records

\_\_\_\_ \*Food Stamp verification if applicable

\_\_\_\_ \*Free or reduced lunch program verification

\_\_\_\_ \*Alimony/Child support if applicable

\_\_\_\_ \*Any State or Federal assistance money

For Office Use Only
Date:
Site:
Program:
Staff Signature:
Director Approval:
Staff Notification: